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Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501 Helena, MT 59620-2501

School District Claim for State Reimbursement for Individual and Isolated Transportation

State	
District	
County	

First Semester Second Semester DUE February 1 to County Superintendent May 10 to County Superintendent **DATES:** February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 33 Musselshell 0605 Roundup Elem Elementary Contract District Daily # of Days Transported # Shared Family's Name Rate 55 1952 No Gray, Robert & Beth Ann 0.25 Mraz, Pam 55 1953 No 1.00 55 1954 No Russell, Roxy 0.50 55 1955 Krebs, June E Yes 0.50 55 2314 Turley, Kathy or Greg No 1.00

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55H

1955

Yes

Krebs, June E

Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

School District Claim for State Reimbursement for Individual and Isolated Transportation

0.50

State	
District	
County	

		PO Box 202501 Helena, MT 59620-2501					Individua	al and Isolated Tr	ansportation	County
DUE DATE	rebruary 1 to County Superintendent					Second Semester May 10 to County Superintendent May 24 to State Superintendent				
COMP	PLETE T	HIS CL	AIM FC	OR STATE REIM	BURSEMI	ENT FO	R INDIVID	UAL AND ISOLAT	TED TRANSPO	RTATION:
This cl	This claim is for the period beginning				_ and ending _	month	, 20 day			
CERTIFICATION:										
The in	formation	on this for	m is comp	olete and accurate to t	he best of my	knowledg	ge.			
Date				Signature, Chair, Boa	rd of Trustees					
County: District:				District Level:						
33 Mu	33 Musselshell 0606 Roundup H S					High School				
District Contract # Shared Family's Name				•		Daily Rate	# of Days Transported			

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County	

Second Semester First Semester **DUE** February 1 to County Superintendent May 10 to County Superintendent **DATES:** February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 33 Musselshell 0607 Melstone Elem Elementary Contract District Daily # of Days Transported # # Shared Family's Name Rate 64J 1775 Yes Kloetze, Paul & Sharon 0.94 64J 1776 No Adams, Sidney 0.8064J 1956 No McCaffree, Marty & Cindy 1.00 64J 1957 No Singh, Tamera 6.00 1958 Wilson, Jim & Patti 64J No 4.75 64J 2434 Yes Nygren, June 1.35

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State	
District	
County	

First Semester Second Semester DUE February 1 to County Superintendent May 10 to County Superintendent **DATES:** February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees County: District Level: District: 33 Musselshell 0608 Melstone H S **High School** Contract District Daily # of Days Transported # # Shared Family's Name Rate 64-H 1774 No Grebe, Ed & Leta 3.50 64-H 1775 Yes Kloetze, Paul & Sharon 0.94 64-H 1959 No Benson, John & Pam 2.25 64-H 1960 No Kincheloe, Art & Yvonne 1.75 64-H 2434 Yes Nygren, June 1.35